


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Moriham Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # **N96000005101 (8)**

1. Corporation Name

FRATERNAL ORDER OF POLICE, DISTRICT FOUR, MEMORIAL FUND, INC.

Principal Place of Business

Mailing Address

**3175 SOUTH CONGRESS AVE.
STE 305
PALM SPRINGS FL 33461
US**

**3175 SOUTH CONGRESS AVE.
STE 305
PALM SPRINGS FL 33461
US**

3. Date Incorporated or Qualified

10/02/1986

4. FEI Number **31-1538605**
APPLIED FOR

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25** **29** **30** **33461-2562**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, GERALD A
2304 SOUTH MILITARY TRAIL
SUITE 100
W. PALM BEACH FL 33415**

81 Name **SESSA, STEVEN C.**
82 Street Address (P.O. Box Number is Not Acceptable) **2315 SOUTH CONGRESS AVENUE**
83
84 City **WEST PALM BEACH** **FL** **85** Zip Code **33406-7642**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Steven C. Sessa

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/8/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FAFEITA, PAUL R**
CITY-ST-ZIP **6345 7TH LN.
VERO BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **32968-2501**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **BACKHERMS, CLARENCE G**
CITY-ST-ZIP **2833 BELMORE CT.
WELLINGTON FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **BURROUGHS, EDGAR E.**
2.4 CITY-ST-ZIP **421 DAVIS ROAD
PALM SPRINGS, FL 33461-1605**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MANAK, EDWARD M**
CITY-ST-ZIP **2499 NASSAU RD.
W. PALM BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **33406-7769**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BOOTH, ROBERT**
CITY-ST-ZIP **316 SHADY LN.
PALM SPRINGS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **33461-1823**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MOSLEY, JAMES**
CITY-ST-ZIP **5100 PINE TREE DR.
FT. PIERCE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **34982-7450**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MARCHMAN, HENRY**
CITY-ST-ZIP **691 SNEAD CIR.
WEST PALM BEACH FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **33413-1250**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward M. Marchman

MARCH 31, 1998 561-964-8489

CR2E037 (10/97)